Professional Standards Learning Code 3110 Length: 1.5 hours



Released March 2016

"How to Process Household Applications" is intended for the School Food Authorities in the state of Arizona. All regulations are specific to operating the National School Lunch Program under the direction of the Arizona Department of Education.

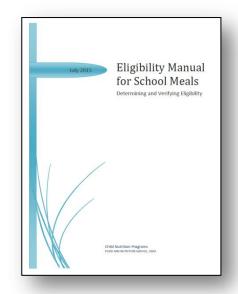
Intended Audience and Content

- This *How-To-Guide* is intended for Local Education Agencies (LEAs) operating the National School Lunch Program (NSLP) who are required to collect student eligibility documentation.
- The following slides provide guidance on how to process household applications when the Arizona Department of Education (ADE) household application template is used.
- The Income Eligibility Guidelines used are for the 2015-2016 Program Year.

Objectives

At the end of this training, attendees should be able to:

- certify free and reduced-price household applications in compliance with Federal regulations;
- understand the role of a determining official; and
- understand the deadline for processing a submitted household application.



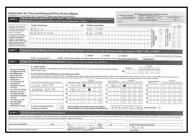
The instruction within this *How-To-Guide* is based on guidance from USDA's Eligibility Manual for School Meals, 2015.

- Chapter 2: Determining Eligibility (p. 28-49)
- Chapter 3: Processing Applications (p. 49-63)

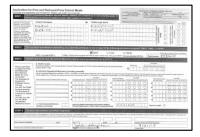
It is recommended to review the USDA's Eligibility Manual for School Meals in addition to reviewing this How-To-Guide for complete guidance on processing Household Applications. Click here to access the USDA's Eligibility Manual for School Meals Manual.

Handouts for Training

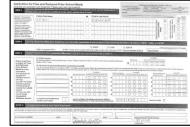
At this time, please print off the three sample household applications and the Income Eligibility Guidelines for SY 15-16. You will need these handouts to complete this training.



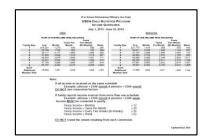
Smith Household Income Application



Hampton Household
Case Number
Application



Montez Household Foster Application



Income Eligibility
Guidelines

Comprehension Check

- Throughout this guide there will be comprehension quiz questions to test your knowledge and help you apply what you're learning.
- Be sure to review these quiz questions and the answers, available within the guide.
- This icon will indicate a comprehension quiz question, and the background of the slides will be a light green like you see on this slide.



The Step by Step Instruction will review:

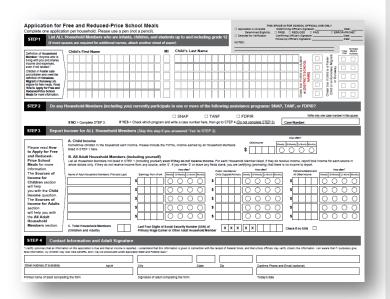
| Introduction to Household Applications | Slides 7-16 |
|---|--------------|
| Processing Applications | |
| Income Applications | Slides 17-40 |
| Case Number Applications | Slides 41-49 |
| Foster Child Applications | Slides 50-56 |
| Homeless, Migrant, or Runaway Applications | Slides 57-61 |
| Processing Applications with Different Types of Eligibility | Slides 62-63 |
| Denied Applications | Slides 64-65 |
| Meal Benefit Summary | 66-67 |

The following slides will only cover how-to instructions for processing household applications. Please refer back to the ADE webpage for other How-To Guides regarding other methods to certify students for meal benefits.

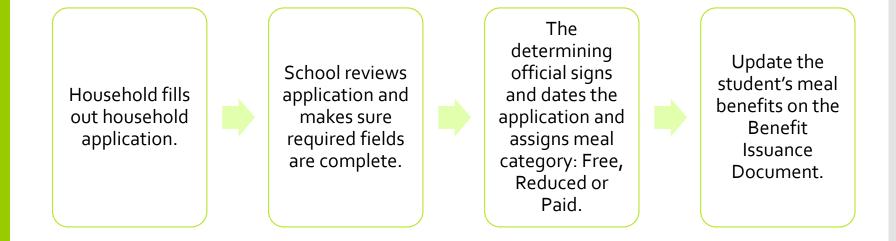
Introduction to Household Applications

Household Applications

- Unless the children in a household are determined eligible through direct certification, the household should be provided a household application to apply for free or reduced-price meals.
- The information that the household must provide depends on whether the children are eligible based on receipt of benefits from an Assistance Program, meet the definition of a foster child, or are determined eligible based on the household's size and income.
- Only complete applications may be processed for meal benefits.



Flow of Processing Household Applications



Determining official: An LEA official responsible for determining children's eligibility for free or reduced-price benefits.

Benefit Issuance Document: is a list of all students and their assigned meal benefits based on eligibility documentation collected.

Determining Official

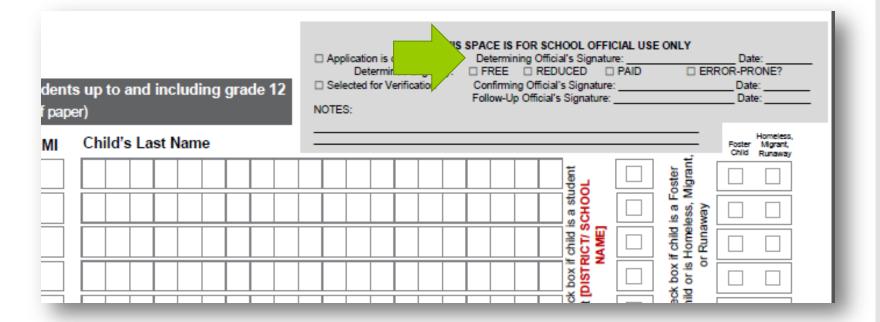
The **determining official** reviews each incoming application to ensure that the household has submitted a *complete* application and will certify the application for meal benefits.

The determining official will:

- Determine an eligibility benefit based on the information reported by the household on the application.
- Sign or initial and date each application, or sign or initial and date a cover sheet attached to a batch of applications.
 - A notation should be made to an electronic file.
 - A computer system should be able to capture the original date of approval, the basis for the determination (for example, household size and income), and update the status of applications to account for transfers, withdrawals, terminations, and other changes.

Determining Official

 On the ADE Application for Free and Reduced-Price School Meals, there is room for the determining official to sign and date on the upper right corner of the application in the space for school official use only.



Determining Complete Applications

- Any application that is missing required information, contains inconsistent information, or is unclear is considered an incomplete application.
 - Households that submit an incomplete application cannot be approved and information must be obtained before an eligibility determination can be made. Every reasonable effort should be made to obtain the missing information prior to denying the application.
 - To get the required information, the school may return the application to the household or contact the child's parent or guardian either by phone or in writing, including e-mail. The determining official should document the details of the contact, and date and initial the entry.
 - Applications missing the signature of an adult household member must be returned to the household for a signature.
- The determining official may not complete the application for the household using information derived from other records available to the school. Any missing information on the application must be provided by the household.

Application Processing Time

- Applications must be reviewed in a timely manner. LEAs must process applications within 10 operating days of the receipt of the application.
 - As a best practice, applications should be date stamped to indicate the date they were received and processed immediately.
- The LEA must not delay approval of the application if the household fails to provide any information that is not required. For example, if the household fails to include its street address, processing of the application cannot be delayed.

Questionable Applications and Information

- LEAs have an obligation to follow-up on questionable and incomplete information when reviewing applications submitted for free and reduced-price meals. Prior to certifying children for benefits, the determining official should review the application for any discrepancies in the information provided.
- If a discrepancy is found, for example, the number of household members does not match the number of names listed on the application, the determining official should:
 - Seek clarification about the information provided in order to make a determination in a timely manner; or
 - Deny the application with an explanation that incomplete information was provided; or
 - Approve the application, and verify for cause.



Guidance on Verification for Cause is available in the USDA Eligibility Manual for School Meals pg. 67.

Benefit Issuance Document

- All eligibility determinations should be recorded on a Benefit Issuance Document (BID).
- A BID is a list of all students at your site that you determined have either free or reduced-priced meal benefits.
- The BID contains the
 - first and last name of the student,
 - the method used to determine their benefits (application, direct certification etc.),
 - the meal benefit status,
 - and the date it was determined.

For more information on the BID, please refer to the <u>ADE Online</u> <u>Course Library</u> to refer to the Step by Step: How to Create a Benefit Issuance Document.

Processing Applications

- Households are instructed to apply for meal benefits by filling out certain parts of the Household Application.
- Different parts of the application will be completed depending if the household is income eligible or categorically eligible.
- Categorically eligible means a child who automatically receives free meals because they participate or have been identified as a member of eligible programs (for example, assistance programs (SNAP, TANF, FDPIR), foster, homeless, migrant or runaway).
- The following sections will review how to process the following types of applications:
 - Income Application
 - Case Number Application
 - Foster Application
 - Homeless/Migrant/Runaway Application
 - Processing Applications with Multiple Types of Eligibility
 - Denied Applications

How to Process Income Applications

Steps for Processing an Income Application

- 1. Determine if the income application is complete.
- 2. Calculate income levels.
- Use Income Eligibility Guidelines (IEGs) to determine meal benefits.
- 4. Sign and date as Determining Official.

Together, we will process the Smith household application. If you have not yet done so, please print the Smith Application.

- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as Determining Official.

#1. Determine if the Income Application is Complete

A complete income application must provide:

- Names of all household members <u>and</u> total number of household members;
- Amount, source, and frequency of current income for each household member;
- Signature of an adult household member; and
- Last four digits of the social security number of the household's primary wage earner or another adult household member, or an indication that the household member does not have a social security number.



#1. Determine if the Income Application is Complete

The highlighted fields must be filled out for an income application.

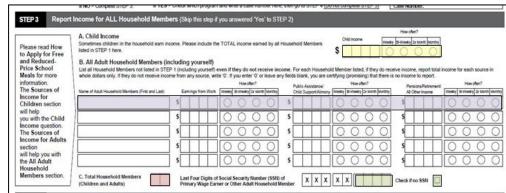
| | T | | | | | | |
|--------------------------------------|--|---|---|--|--|--|-----------------------------|
| | Complete one application | Free and Reduced-Price Sch on per household. Please use a pen (n Household Members who are infants, aces are required for additional names, atta | ot a pencil). children, and students up ich another sheet of paper) | | ☐ Application is complete Determined Eligibility: ☐ FREE ☐ Selected for Verification Confirmin | FOR SCHOOL OFFICIAL USE ONLY ing Official's Signature. □ REDUCED □ PAID □ ERROR Official's Signature. Official's Signature. | Oate: OR-PRONE? Date: Oate: |
| All children listed | Definition of Household Member: "Anyone who is | Child's First Name | MI Ch | ild's Last Name | | | From Vignet Chie Russey |
| in the household. | living with you and shares income and expenses. | | | | | Migra Migra | |
| in the noosenoid. | even if not related." Children in Foster care | | | | | SCHOOL STATE | |
| | and children who meet the definition of Homeless. Migrant or Runaway are | | | | | NAME OF BUTTER | |
| | eligible for free meals. Read How to Apply for Free and Reduced-Price School | | | | | CK box | |
| | Meals for more information. | | | | | 8 0 80 | |
| | STEP 2 Do any l | y Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? | | | | | |
| | | If NO > Complete STEP 3. If YES > 0 | | SNAP TANF a case number here, then go to STE | □ FDPIR P4(Do not complete STEP 3) C | Write only one case number ase Number: | r in this space. |
| Combined children income and | STEP 3 Report I | ncome for ALL Household Member | 'S (Skip this step if you answ | ered 'Yes' to STEP 2) | | | |
| _ | | A. Child Income Sometimes children in the household earn inco | - Street but of the TOTAL be | and the second based of the second of the se | Child income meets | How often? | |
| frequency. | Please read How to Apply for Free | listed in STEP 1 here. | me. Presse include the 101AL inc | come earned by as Household Memo | \$ 0 | 000 | |
| , | and Reduced- Price School | B. All Adult Household Members (included all Household Members not listed in STEP) | t (including yourself) even if they | do not receive income. For each H | ousehold Member listed, if they do receive | e income, report total income for each s | source in |
| All adult household member | Meals for more information. | whole dollars only. If they do not receive income | н | low often? Public Assist: | moe/ Howoten? | Pensons Retrement How ofe | |
| names, income and frequency. | The Sources of Income for Children section | Name of Adult Household Members (First and Last) | Earnings from Work Weekly 8-49 | Heeky 2x Morte Mortely Child Suppor | skimony Weeky B-Weeky 2x North Northy | All Other Income (Newly S-Weeky) 2 | A Mores Moresy |
| | will help you with the Child | | s O | 0001 | | \$ 1 0 0 | 0 0 |
| , | Income question. The Sources of | | s | | | \$ 100 | 00 |
| | Income for Adults section | | 5 | 000 5 | 10000 | \$ 100 | 0 0 |
| The total number of household | will help you with the All Adult | | 5 0 | 000 5 | 10000 | s 100 | 00 |
| members. This number must | Household Members section. | C. Total Household Members | Last Four Digits of Social Secu | | x x x x | theck if no SSN | |
| match the number of names listed | | (Children and Adults) | Primary Wage Earner or Other | Adult Household Member | | | |
| | | Information and Adult Signature | | | | | |
| on application. | | on on this application is true and that all income is report lose meal benefits, and I may be prosecuted under applica | | s given in connection with the receipt of Fed | seral funds, and that school officials may verify | sheck) the information. I am aware that if I pur | irposely give |
| | Street Address (if available) | 100 | 200 | State Zip | Dayfime Phone and E | nal (national) | |
| Adult household member | Section Polaristo (a arababile) | Apt# | | state ZIP | Coystile Priorie and E | sa (yyunid) | |
| signature. (This should be an adult | Printed name of adult completi | ng the form | Signature of adult completing the | he form | Today's date | | |
| who is listed in the section above.) | certifying application | s can be found in the Child Nu | trition Program Guid | dance Manual at http: | //www.azed.gov/health | -nutrition/nslp/manuals | <u>≤</u> |

Last four digits of the social security number of the household's primary wage earner or another adult household member, or an indication that the household member does not have one.

- 1. Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as Determining Official.

Household Members

- Any application that is missing required information, contains inconsistent information, or is unclear is considered an incomplete application and may not be certified.
- An application is considered incomplete if the field *Total* Household Members is left blank or if the number of household
 members listed does not equal the total number of household
 member names provided. *The adult signer is a household
 member.
- The Determining Official must ensure the household size used to certify the application is accurate.

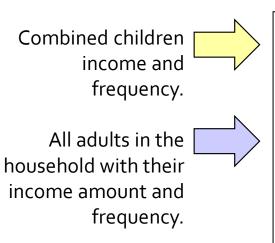


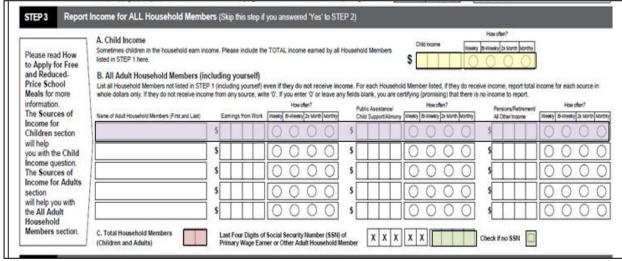


- 1. Determine if the Application is Complete.
- 2. Calculate Income Levels.
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- 4. Sign and Date as Determining Official.

Reported Gross Income

- Income for children must be combined into a single income reporting field (highlighted in yellow below), as these individuals rarely have income to report.
- Income earned or received by adults must be identified with the individual who received it, as well as the source, such as wages or social security income (highlighted in purple below).





- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as Determining Official.

Reported Income

- The household must provide their current income which is based on the most recent information available. This may be for the current month, the amount projected for the month for which the application is filled out, or for the month prior to applying for meal benefits.
- If the household's current income is not a reflection of income that will be available over the school year, the household should contact the LEA for assistance. The LEA would determine the amount and frequency of income available during the school year for households.
- If a household provided only annual income, the LEA must ensure that this is an accurate reflection of their current income.

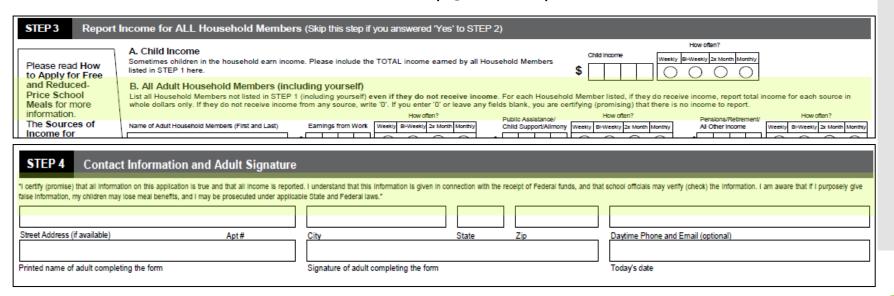


Guidance on Annual Income/Special Situations is available in the USDA Eligibility Manual for School Meals pg. 32.

- 1. Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as Determining Official.

Reported No Income

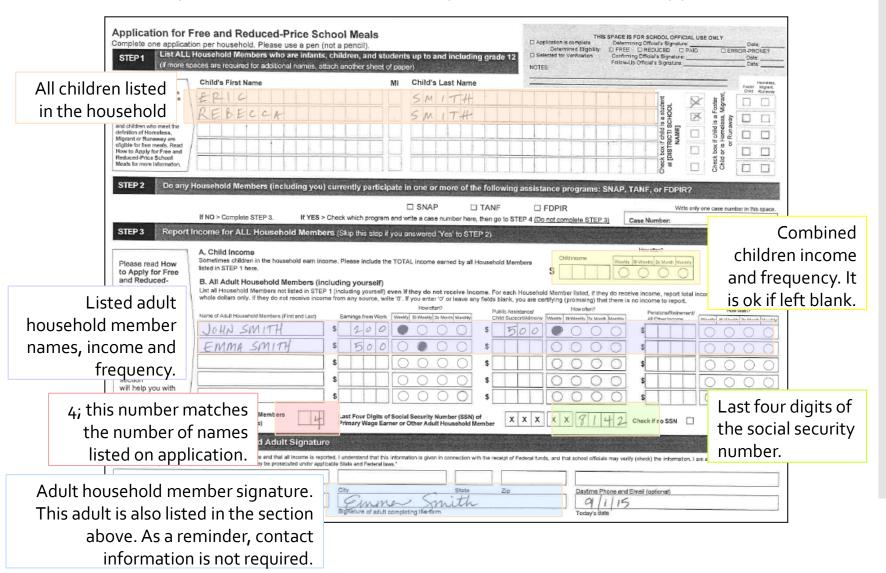
- When no income is reported for any of the household members, the application is still considered complete. Zero income may also be indicated by writing in "zero" or "no income," or by inserting "\$o".
- The ADE Application includes a clear and easy to understand instruction that communicates to households that any income field left blank is a positive indication that there is no income to report.
 - See the instruction found in Step 3 and Step 4.



- 1. Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as Determining Official.

Is the Smith Application Complete?

Yes, all required fields have been completed for an income application.



- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as Determining Official.

Review: #1. Determine if the Application is Complete

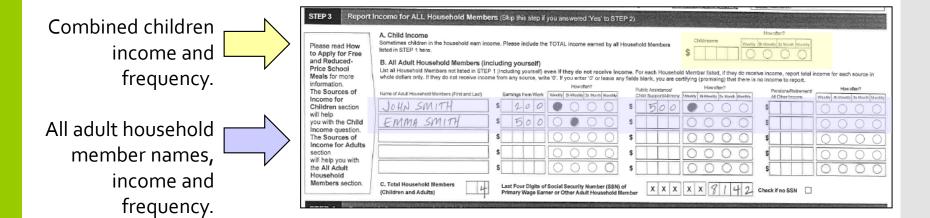
- We have reviewed what information must be completed on the application if the household is applying based on income and household size.
- We can now move to Step #2 to determine if the Smith family qualifies for any meal benefits.

Step #2

- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as Determining Official.

#2. Calculate Income Levels

On the application, look at the amount of income and frequency for the children and for each adult.



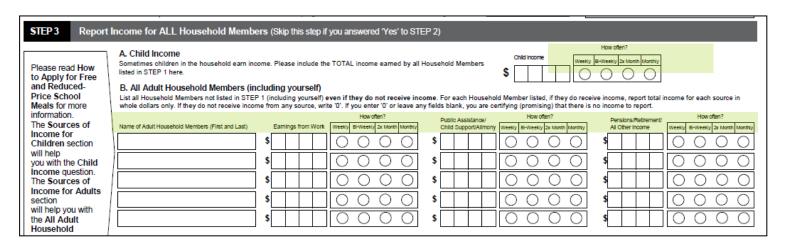
- The children have no listed income.
- The adults:
 - John Smith entered \$200 weekly and \$500 weekly.
 - Emma Smith entered \$500 bi-weekly.

- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
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 Meal Benefits.
- 4. Sign and Date as determining official.

Frequencies

Households are able to enter in their earnings from work and indicate how often they receive that amount by filling in the bubbles:

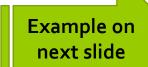
- Weekly
- Bi-Weekly
- 2x Month
- Monthly



- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as determining official.

Calculating Income Levels

- If a household lists the same income frequency, you will add together all income levels provided.
- If a household lists **multiple income frequencies**, like the Smith application, we must convert all frequencies to annual income before adding them together.



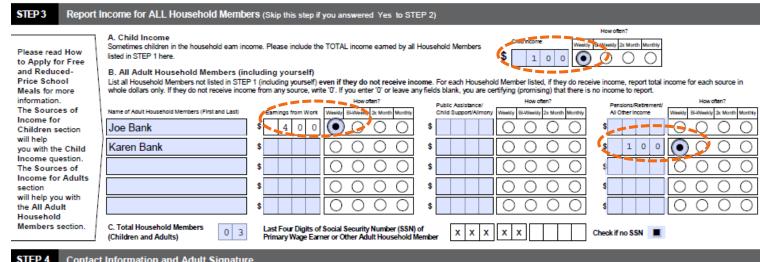
- 1. Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility Guidelines to Determine Meal Benefits.
- 4. Sign and Date as determining official.

Calculating Same Income Frequencies

If there is only one source of income, or if all sources are received in the same frequency, no conversion is required and all income would be added together.

For example, this application provides all income in the weekly frequency.

- The total income for the household is \$600, weekly.
 - Child's income (\$100) + Adult Income (\$400+\$100) = \$600



- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as determining official.

Different Income Frequencies

Households may have income from different sources which are paid on different schedules. For example, the household may receive paychecks on a weekly basis and child support on a monthly basis.

- If there are multiple income sources with more than one frequency, the LEA must convert all income frequency to an annual amount by multiplying:
 - Weekly income by 52; or
 - Bi-weekly income (received every two weeks) by 26; or
 - Semi-monthly income (received twice a month) by 24; or
 - Monthly income by 12.
- Do not round the values resulting from each conversion. Add together all of the un-rounded converted values. LEAs cannot use conversion factors such as 4.33 to convert weekly income or 2.15 to convert bi-weekly income to monthly amounts.
- If an LEA uses software for application or certification purposes, the software cannot use conversion factors and cannot automatically convert income unless there are different frequencies.

 Example on

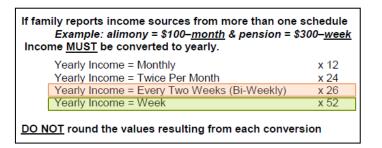
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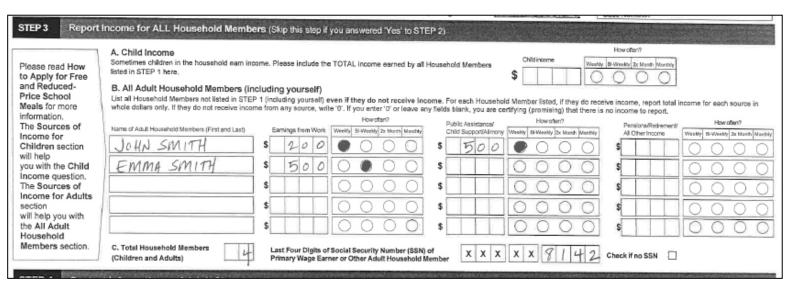
- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as determining official.

What is the total income for the household application for the Smith family below?

- 1. John Smith earns \$200 weekly and \$500 weekly, (=\$700 weekly).
- 2. Emma Smith earns \$500 Bi-Weekly.
- 3. There is no income for the children.
- 4. Convert both incomes to yearly:

5. Total both incomes. \$36,400 + \$13,000 = \$49,400





- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as determining official.

Calculated Income Levels

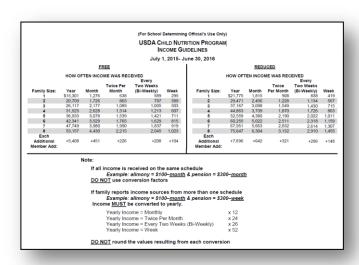
- We have reviewed how to calculate the total income listed on the household application.
- We can now move to Step #3 to determine if the Smith family qualifies for any meal benefits based on the total income of \$49,400, annually.



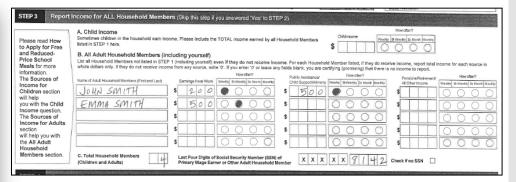
- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as determining official.

#3. Use the household's total income and compare the total amount to the appropriate Income Eligibility Guidelines (IEGs).

• In order to determine if the household is eligible for free or reduced meal benefits, use the Income Eligibility Guidelines (IEGs).



The Income Eligibility Guidelines (IEGs) can be accessed on the ADE Website, <u>Program Forms</u>.

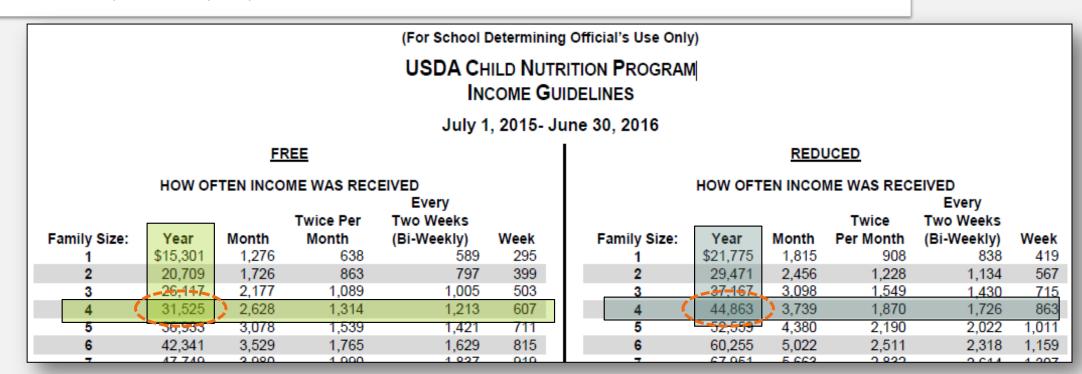


Example on next slide

Using the Income Eligibility Guidelines

The Smith household application indicates 4 household members with total income of \$49,400 annually. Do they qualify for meal benefits?

- 1. On the Income Eligibility Guidelines determine the free income levels for a family size of 4. Income received annually must be less than (\$31,525) to qualify for free meals.
- 2. The family's income is above the free income guidelines. (\$49,400 is greater than \$31,525)
- 3. On the Income Eligibility Guidelines <u>determine</u> the reduced income levels for a family size of 4. Income received annually must be less than (\$44,863) to qualify for reduced-price meals.
- 4. The family's income of \$49,400 is greater than \$44,863. The family does not qualify for reduced-price meal benefits.
- 5. The family does not qualify for meal benefits.

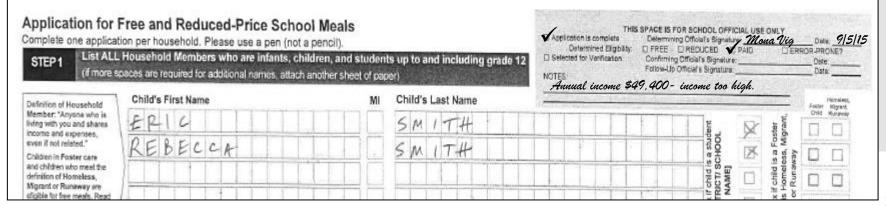


Income Applications

- Determine if the Application is Complete.
- 2. Calculate Income Levels.
- 3. Use Income Eligibility
 Guidelines to Determine
 Meal Benefits.
- 4. Sign and Date as determining official.

Certifying Income Application- Smith Household

- #1. The application contains all required information and is complete.
- #2. Total income is \$49,400 annually. Income was listed in different frequencies so we converted income listed into annual amount and then added income together.
- #3. Using the IEGs, we found that a household of 4 who earns \$49,400 per year is higher than the guideline listed for free and reduced-price meal benefits. The Smith family does not qualify for meal benefits.
- #4. As the determining official, we can mark the paid category, sign and date the application. As best practice, we can also add notes.



Comprehension Check

How would you certify this income application?

- A. Free, based on income of \$500 per week, household of 3.
- B. Free, based on income of \$31,200 annually, household of 3.
- C. Reduced, based on income of \$600 per week, household of 3.

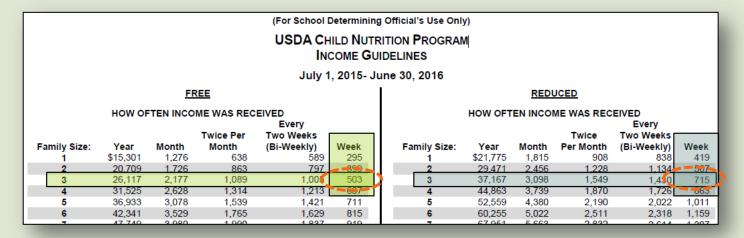
| | | d Memi | ers wi | ho are | infants | , child | Iren, and | | its up to and i | ncluding | grade 12 | NOTES | ched for Ven | d Englishly: fication | Confirming | C REDUCED Official's Signatu Official's Signatu | ure: | □ ER | BOR-PRONE Date:Date: |
|---|--|--|--|--|--|---------------------------------------|--|---------------------------------|--|--|--|--|--|---|---|---|--|--|--------------------------|
| Definition of Household | Child's I | irst Na | ne | | | | | MI | Child's Las | t Name | | | | | | | | | Footer 1985 Child Rus |
| Member: "Anyone who is iving with you and shares norme and expenses, even if not related." | 50 | PHI | E | | | 1 | Ш | 45 | BAN. | K | | | 1 | | | student 00L | D. | Foster Migrant. | |
| Children in Foster care and children who meet the definition of Homeless, | H | Ħ | Ħ | | | | \pm | t | | | | | \pm | + | | cTr SCHOOL | | f child is a Foster Homeless, Migran Runsway | |
| Wignant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School | | Ų | H | | П | | | | | П | Ш | | | | Ш | ok box if child is (DISTRICT) S | | Check box if child or is H | |
| Meals for more information. | | | | | | | | | | | | | | | | She a | | 85 | |
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Comprehension Check

How would you certify this income application?

- 4. Free, based on income of \$500 per week, household of 3.
- B. Free, based on income of \$31,200 annually, household of 3.
- C. Reduced, based on income of \$600 per week, household of 3.



The family's income is \$600 weekly; no conversion is needed since all frequencies were weekly. On the Income Eligibility Guidelines, income received weekly must be less than \$503 to qualify for free meals. The family's income of \$600 is higher than that, so they do not qualify for free meals. However, the family's income must be less than \$715 to qualify for reduced-price meals. The family's income of \$600 is less than \$715. The family qualifies for reduced-price meal benefits.



Comprehension

Based on this application, is this household application complete?

- A. No, income levels are not listed.
- B. No, household did not enter contact information.
- C. Yes, all required parts of the application are completed.

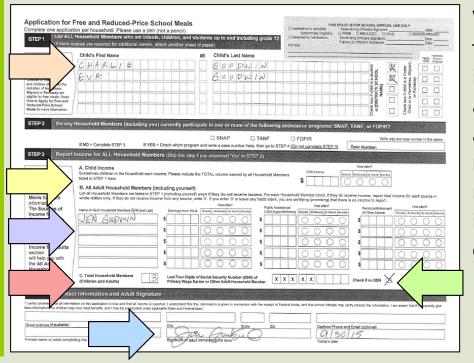
| STEP1 List ALI | ion per household, Please use a pen (not Household Members who are infants, ch paces are required for additional names, attach | nildren, and studen | ts up to and including grade 12 er) | Determined Eligibility: Selected for Verification NOTES: | Determining Office's Signature DIFFREE DIREPUCED DIPAID DERS Conferring Office's Signature Follow-Up Official's Signature | Date: Date: Date: |
|--|--|--|---|--|--|--------------------------|
| Definition of Household | Child's First Name | MI | Child's Last Name | Lacenson | | Peater Higgari, |
| Member: "Anyone who is living with you and shares income and expenses. | CHARLIE | | 600 DW:N | | Andrew Migrant, | Cité Russey |
| even if not related," | EVA | | 6000WIW | | at pust received at the same and the same an | 0.0 |
| Children in Foster care and children who meet the | | | Gr. To IV VII. | | Door Child is a st DISTANCE SCHOOL SCHOOL NAME] DOOR CHILD IS BE OF OT I FINISHES B. A OF INTERNATION OF INTERNATION | |
| definition of Homeless, Migrant or Runaway are | | | | | RICTI SO NAME | |
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| Weals for more information. | | | | | Check Check Child | пп |
| CTEDA MINISTRA | | | | | | |
| STEP 2 Do any | Household Members (including you) cu | rrently participate | in one or more of the following a | ssistance programs: 5 | SNAP, TANF, or FDPIR? | |
| | | | □ SNAP □ TANE | □ FDPIR | Write only one case number | er in this space |
| | If NO > Complete STEP 3, If YES > Cho | eck which program and | write a case number here, then go to STEF | | | et III una apace. |
| STEP3 Report | Income for ALL Household Members | | | Grand Company | MATERIAL PROPERTY OF THE PROPE | A SPECIMENT |
| 9995450 | | | | | | |
| | A. Child Income | _ | | Childrenne | How offer? | |
| Please read How to Apply for Free | Sometimes children in the household earn income listed in STEP 1 here. | b. Please include the TO | TAL income earned by all Household Membe | \$ | Weekly St-Weekly 2x Month Monthly | |
| and Reduced- | B. All Adult Household Members (include | ding yourself) | | • | 10000 | |
| Price School Meals for more | List all Household Members not listed in STEP 1 (| including yourself) even | if they do not receive income. For each Ho | susehold Member listed, if the | y do receive income, report total income for each | source in |
| information. | whole dollars only. If they do not receive income fr | rom any source, write '0'. | li you enter o or leave any neros plank, you | are certifying (promising) the | If there is no income to report. | |
| The Sources of Income for | Name of Adult Household Members (Fifti and Last) | Earnings from Work Wes | Public Assistar | nos/ Milmony Weekly Bi-Weekly 2x Month | | often? 2x Month Month |
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| will help you with the Child | | | 0000 | 1000 | | 00 |
| Income question. | - | | ,000,11 | 1000 | | 00 |
| The Sources of | \$ | | | | 0 \$ 1 0 0 | 00 |
| Income for Adults section | \$ | | 0000 \$ | 11000 | | 00 |
| will help you with | | | | H 8 8 8 | | 0 0 |
| the All Adult Household | \$ | | 1000 \$ | | 9 1 1 1 0 0 | 00 |
| Members section. | C. Total Household Members 3 | Last Four Digits of Soci | al Security Number (SSN) of X | (x x x | T V | |
| | (Children and Adults) | Primary Wage Earner o | Other Adult Household Member | \ \ \ \ \ \ | Check if no SSN | |
| STEP 4 Conta | t Information and Adult Signature | | | | | |
| Part of the last o | CONTRACTOR OF THE PROPERTY OF THE PARTY OF T | PIST CHE DI | | | | |
| | ation on this application is true and that all income is reported. y lose meet benefits, and I may be prosecuted under applicable | . I understand that this infom e State and Federal laws." | sation is given in connection with the receipt of Fed | leral funds, and that school officials | s may verify (check) the information. I am aware that if | purposely give |
| certify (promise) that all information, my children ma | | | | | | |
| certify (promise) that all inform ise information, my children m | | | | | | |



Based on this application, is this household application complete?

- A. No, income levels are not listed.
- B. No, household did not enter contact information.
- C. Yes, all required parts of the application are completed.

Comprehension



When no income is reported for any of the household members, the application is still considered complete due to the adult household member signing the application certifying that all income is reported. As a reminder, households do not have to list their contact information. Refer to slide 25 for guidance on zero income applications.



How to Process Case Number Applications

Case Number Applications

Steps for Processing a Case Number Application

- 1. Determine if the Case Number Application is complete.
- 2. Ensure Case Numbers are valid in Arizona.
- Assign free meal benefits for all enrolled students within this household, date and sign as Determining Official.

Together, we will process the Hampton household application. If you have not yet done so, please print the Hampton Application.

Case Number Applications

- Determine if the Application is Complete.
- 2. Ensure case numbers are valid for Arizona.
- 3. Assign free meal benefits and sign and date as Determining Official.

#1. Determine if the Case Number Application is Complete

A complete case number application must provide:

- Names of all child household members;
- A case number from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR); and
- Signature of an adult household member.



#1. Determine if the Case Number Application is Complete

The highlighted fields must be filled out for a case number application.

All children listed in the household.



SNAP, TANF or FDPIR
Case Number. The
household does not
need to check off the
box indicating the
assistance program.



| EP 1 | ion per household. Please use a pen (Household Members who are infants paces are required for additional names, at | s, children, and students up to and including grade 12 | Selected for Verification |
|---|---|---|--|
| nition of Household | Child's First Name | MI Child's Last Name | Foder Migrail Child Ruhan |
| aber: "Anyone who is g with you and shares me and expenses, n if not related." dren in Foster care obliding who meet the nition of Homeless, rant or Runaway are | | | K box if child is a student NAME NAME CK box if child is a student NAME CK box if child is a Foster CK box if child is a Foste |
| ble for free meals. Read v to Apply for Free and luced-Price School als for more information. | Household Members (including you |) currently participate in one or more of the following a | O'Peck |
| LP 2 Do any | nousehold members (including you) | | |
| | MAN CONTRACTOR MANEE | SNAP TANF | FDPIR Write only one case number in this space |
| | If NO > Complete STEP 3. If YES > | Check which program and write a case number here, then go to STE | EP 4 (Do not complete STEP 3) Case Number: |
| Apply for Free d Reduced- ice School eals for more formation. le Sources of come for illdren section | | | tance/ How often? Pensions/Retrement/ How often? |
| | | | 110000 |
| ou with the Child come question. he Sources of come for Adults ection all help you with e All Adult | | s | |
| ou with the Child come question. he Sources of come for Adults ction il help you with e All Adult busehold embers section. | C. Total Household Members (Children and Adults) | S S S S S S Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X 3 | \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| tify (promise) that all informa | (Children and Adults) | S S S S S S S S S S S S S S S S S S S | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

Step #2

Case Number Applications

- Determine if the Application is Complete.
- 2. Ensure case numbers are valid for Arizona.
- 3. Assign free meal benefits and sign and date as Determining Official.

#2. Ensure case numbers are valid in Arizona

- Only the case number may be used to determine eligibility; for example, the electronic benefit transfer (EBT) card number used by SNAP cannot be used to establish categorical eligibility.
- The determining official must ensure that the Assistance Program case number listed on the application is valid in the State of Arizona.
- In the State of Arizona:
 - SNAP and TANF valid case numbers are 8 digits or less.
 - FDPIR case numbers are valid based on the Indian Tribal Organization. See table below:

| Indian Tribal Organization | Case Number Format |
|---|---|
| White Mountain Apache Tribe, Navajo Nation, Tohono O'odham Nation, Quechan Indian Tribe, San Carlos Apache Tribe | Head of Household's Social Security Number (SSN) |
| Colorado River Indian Tribes | 5 digits (preceding zero plus a number from a 1-2000) (ex. 01985) |
| Gila River Indian Community | A letter plus a number 1-7 plus the last four numbers of the Head of Household's SSN – (ex. D61234) |

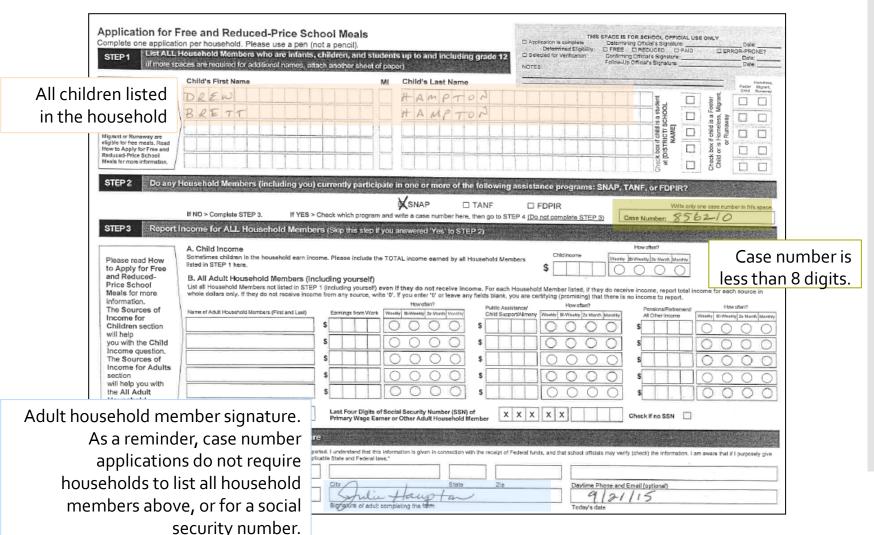


Case Number Applications

- 1. Determine if the Application is Complete.
- 2. Ensure case numbers are valid for Arizona.
- 3. Assign free meal benefits and sign and date as Determining Official.

Is the Hampton application complete and have a valid case number?

Yes, all fields are complete and a valid case number is listed.

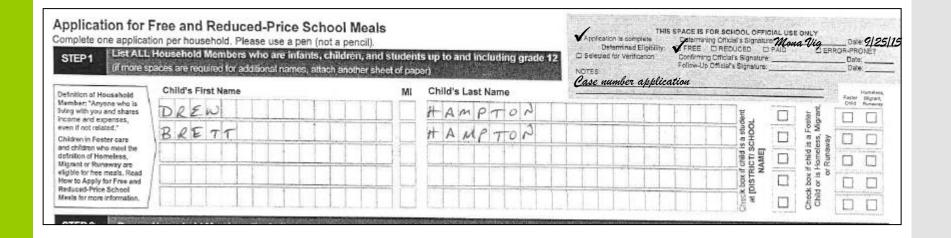


Case Number Applications

- Determine if the Application is Complete.
- 2. Ensure case numbers are valid for Arizona.
- 3. Assign free meal benefits and sign and date as Determining Official.

Certifying Case Number Applications - Hampton Household

- #1. The application contains all required information and is complete.
- #2. The household checked off SNAP, and listed a case number that is 8 digits or less.
- #3. As the determining official, we can mark the free category, sign and date the application. As a best practice, we can also add notes that this was a case number application.



Comprehension Check

How would you certify this application?

- A. Paid, incomplete application. Social security number is not listed.
- B. Free, case number application is complete.
- C. Paid, the case number listed is invalid.

| TEP1 List ALL | ion per household, Please use a pen (not Household Members who are infants, ch baces are required for additional names, attach | nildren, and students up to and including grade 12 | Application is complete Determined Chigothy Determined Chigathy Determined Chiga | Date: Date: Date: |
|---|---|--|--|-------------------|
| nition of Household | Child's First Name | MI Child's Last Name | | Foster Migrant. |
| mber: "Anyone who is ig with you and shares ime and expenses. | CHARLIE | PORTER | Anderst Ool | Child Runavey |
| n if not related." | MADISON | PORTER | | |
| children who meet the nition of Homeless. | KENNY | PORTER | CHID IS A | |
| rant or Runaway are ble for free meals, Read | 1 | FUR CIE | NAM NAME OF SET SET | |
| v to Apply for Free and luced-Price School | | | Des Post | |
| ils for more information. | | | Chiese I | |
| TEP 2 Do any | Household Members (including you) as | rrently participate in one or more of the following | | |
| | rious choic members (including you) cu | rrendy participate in one or more of the following | assistance programs: SNAP, TANF, or FDPIR? | |
| | | ☐ \$NAP ☐ TANF | ☐ FDPIR Write only one case number | er in this spec |
| Killinging | MANAGEMENT OF THE PROPERTY OF | ack which program and write a case number here, then go to STE | EP 4 (Do not complete STEP 3) Case Number: A 1152362 | 1480 |
| TEP3 Report | Income for ALL Household Members | (Skip this step if you answered 'Yes' to STEP 2) | The test of the Authority of the | |
| | A. Child Income | | How often? | |
| lease read How | Sometimes children in the household earn income | . Please include the TOTAL income earned by all Household Mem | | |
| Apply for Free | listed in STEP 1 here. | | \$ 0000 | |
| rice School | B. All Adult Household Members (included in STEP 1 included in STEP | including yourself) even if they do not receive income. For each h | Household Member listed, if they do receive income, report total income for each | november 1- |
| eals for more formation. | whole dollars only. If they do not receive income fr | om any source, write '0'. If you enter '0' or leave any fields blank, yo | ou are certifying (promising) that there is no income to report. | |
| he Sources of | Name of Adult Household Members (First and Last) | Earnings from Work Wealty B-Weelty 2x Morett Monthly Child Suppo | | |
| hildren section | \$ | 0000 \$ | | 0 0 |
| ill help ou with the Child | s | | | 0 |
| come question. | | 1 2 3 3 3 7 | H8888 111166 | 0 (|
| he Sources of scome for Adults | s | \$ 1 1 1 0 0 0 0 \$ 1 1 | 10000 \$ 1100 | 0.0 |
| ection | s | 0000\$ | 0000 \$ 000 | 0 0 |
| ili help you with ne All Adult | s | | | 00 |
| ousehold | | | 110000 111100 | 0 0 |
| lembers section. | C. Total Household Members (Children and Adults) | Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member | X X X X Check if no SSN | |
| process and | | | | |
| TEP 4 Contac | t Information and Adult Signature | | | |
| Sty (promise) that all informs | ation on this application is true and that all income is reported. | I understand that this information is given in connection with the receipt of Fe | ederal funds, and that school officials may verify (check) the information. I am aware that if I | purposely gi |
| erometor, my children ma | y lose meal benefits, and I may be prosecuted under applicable | e State and Federal laws." | | |
| | | | 1.1 | |
| et Address (if available) | Apt # | City State Zip | Daytime Phone and Email (cotional) | |



Comprehension Check

How would you certify this application?

- A. Paid, incomplete application. Social security number is not listed.
- B. Free, case number application is complete.
- C. Paid, the case number listed is invalid.

| STEP1 List ALL | ree and Reduced-Price Schoo on per household, Please use a pen (not a Household Members who are infants, chil aces are required for additional names, attach | pencil). Idren, and student | Is up to and including grade 12 er) | THIS Application is complete Determined Eligibity. Selected to Verification NOTES: | SPACE IS FOR SCHOOL CEPTUAL USE ONLY Determing ordists fignishe |
|---|---|---|--|--|--|
| Definition of Household Member: "Anyone who is Ilving with you and shares income and expenses, even if not related." Children in Foster care and children who make the data islan of Homeless, Migrant or Burwawy are eligible for fine meats, Road House to Apply for Fines and Resistant-Price School Neets for more information. | CHARLIE MADISON KENNY | MI | PORTER PORTER PORTER | | ROBERT DOWN CHAIR as abdott of the last abdott of t |
| STEP 2 Do any F | dousehold Members (including you) curr | rently participate | in one or more of the following a | ssistance programs: S | |
| STEP 3 Report I | If NO > Complete STEP 3. If YES > Checomorphisms for ALL Household Members (9) | | □ SNAP □ TANF write a case number here, then go to STE answered 'Yes' to STEP 2) | ☐ FDPIR P 4 (Do not complete STEP 3 | Wille only one case number in the space. Case Number: A 1152362489 |
| Please read How to Apply for Free and Reduced- Price School Meals for more information. | A. Child Income Somatimes children in the household earn income. listed in STEP 1 here. B. All Adult Household Members (includible all Household Members on listed in STEP 1 line whole dollars only. If they do not receive income from | ing yourself) | If they do not receive income. For each kill | ousehold Member listed, if they u are certifying (promising) that | |
| The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household | Name of Addit Household Members (Find and Larf) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Earnings from Work. Weal | Pacification Paci | | |
| Members section. | | | al Security Number (SSN) of Other Adult Household Member | x x x x | Check if no SSN |
| "I certify (promise) that all informat | | understand that this inform State and Federal laws,* | ation is given in connection with the receipt of Fed | feral funds, and that school officials | may verify (check) the information, I am aware that if I purposely give |
| Street Address (if available) Printed name of adult complet | | Olty Alores Signature of adult complete | State Zip | 1 1 | one and Email (optional) |

A valid SNAP/TANF case number in Arizona is 8-digits or less or matches one of the FDPIR case number formats. This number looks similar to an AHCCCS (Arizona Health Care Cost Containment System) case number. Households cannot qualify for free meals by providing their AHCCCS number.

How to Process Foster Applications

Foster Applications

Steps for Processing a Foster Application

- 1. Determine if the Foster Application is complete; and
- 2. Assign free meal benefits for the identified foster child within this household, date and sign as Determining Official.

Together, we will process the Montez household application. If you have not yet done so, please print the Montez Application.

Foster Applications

- Determine if the Application is Complete.
- 2. Assign free meal benefits to only the foster child and sign and date as Determining Official.

#1. Determine if the Foster Application is Complete

A complete foster application must provide:

- Name of the foster child;
- Indication of the child's foster care status; and
- Signature of an adult household member.



#1. Determine if the Foster Application is Complete

Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil)

The highlighted fields must be filled out for a case number application.

more spaces are required for additional names, attach another sheet of paper)

List ALL Household Members who are infants, children, and students up to and including grade 12

All children listed in the household and the Foster Box is checked off on the application to identify the child's foster status.



Fotor Migrat, Chie Ruraway MI Child's Last Name Child's First Name Definition of Household Member: 'Anyone who is living with you and shares noome and expenses. even if not related." Children in Foster care and dhildren who meet the definition of Homeless Micrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? TANE ☐ FDPIR If YES > Check which program and write a case number here, then go to STEP 4 (Do not complete STEP 3 Case Number: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) Neekly (S-Weekly 2x Morth Morthy Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members Please read How listed in STEP 1 here. to Apply for Free and Reduced-B. All Adult Household Members (including yourself) Price School List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in Meals for more whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. information. How often? The Sources of Name of Adult Household Members (First and Last) Child Support/Almon All Other Income Income for Children section will help you with the Child Income guestion. The Sources of Income for Adults section will help you with the All Adult Household Members section. C. Total Household Members Last Four Digits of Social Security Number (SSN) of XXXXX (Children and Adults) Primary Wage Earner or Other Adult Household Membe STEP 4 Contact Information and Adult Signature I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." Street Address (if available) Daytime Phone and Email (optional) Act # Printed name of adult completing the form Signature of adult completing the form

THIS SPACE IS FOR SCHOOL OFFICIAL USE ONLY

Determining Official's Signature

Confirming Official's Signature:

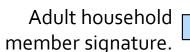
ellow-Up Official's Signature

OFREE DREDUCED OPAD

□ Application is complete

☐ Selected for Verification

Determined Eligibility.



Foster Applications

- Determine if the Application is Complete.
- 2. Assign free meal benefits to only the foster child and sign and date as Determining Official.

#2. Assign Meal Benefits

- A foster child is categorically eligible for free meals. The child's status for free meals does not require confirmation of eligibility status prior to receiving benefits.
- The free meal benefits do not extend to other household members.

Case Number Applications

- Determine if the Application is Complete.
- 2. Ensure case numbers are valid for Arizona.
- 3. Assign free meal benefits and sign and date as Determining Official.

Is the Montez application complete?

Yes, the application is complete for a foster child.

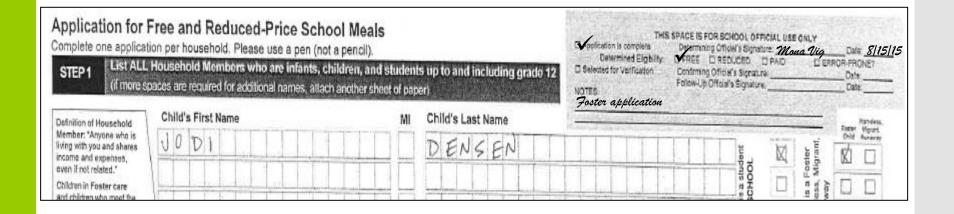
| STEP1 List ALL | aces are required for additional names, attac | hildren, and students up to and including grade 12 chanother sheet of paper) | Determined Eighlity. [Selected for Verification | PACE IS FOR SCHOOL OFFICIAL USE ONLY Determing Oriol's Signature: DEFEC DREDUCED DRAD DEROR-PRONE? Contiming Official's Signature; Date: Follow-Up Official's Signature; Date: | - - - |
|---|--|---|--|--|------------------|
| All children listed in the household definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-Price School Meals for more information. | Child's First Name | MI Child's Last Name DENSEN | | Check Exer if celld is a student at [District Total of the cell of | Marked Foster |
| | If NO > Complete STEP 3. If YES > C | currently participate in one or more of the following SNAP TANF heck which program and write a case number here, then go to STI (Skip this step if you answered 'Yes' to STEP 2) | □ FDPIR | Write only one case number in this space. | |
| Please read How to Apply for Free and Reduced-Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section. | Sometimes children in the household earn incon- listed in STEP 1 here. B. All Adult Household Members (incl List all Household Members not listed in STEP 2 | (including yourself) even if they do not receive income. For each if from any source, write '0'. If you enter '0' or leave any fields blank, you how other? Earnings from Work Weetild Bi-Weetilg 2x Month Morrhity S S S S S S S S S S S S S | fousehold Member listed, if they but are certifying (promising) that | Meetly B-Weelly 2s Noot Mostly do receive income, report total income for each source in there is no income to report. Pendons Referenced However! | |
| "I certify (promise) that all informs talse information, my children may | t Information and Adult Signature | ed. I understand that this information is given in connection with the receipt of F | | may verify (check) the information, I am aware that if I purposely give one and Email (optional) | |

Foster Applications

- Determine if the Application is Complete.
- 2. Assign free meal benefits to only the foster child and sign and date as Determining Official.

Certifying Foster Applications- Montez Household

- #1. The application contains all required information; child name, marked Foster and adult signature.
- #2. As the determining official, we can mark the free category, sign and date the application. As best practice, we can also add notes that this was a foster application.



How to Process Homeless/Migrant/Runaway Applications

Homeless/ Migrant/ Runaway Applications

When an LEA receives an application with Homeless, Migrant or Runaway indicated, the determining official must confirm eligibility for each child, prior to providing benefits.

- An appropriate program official or homeless liaison must confirm a child's status, either through direct contact with the agency or by a list of names provided by the agency.
- 2. Once the appropriate official confirms a child's homeless, migrant and/or runaway status, the child will be provided free meal benefits.
- 3. Attach the application with the documentation provided by the liaison.

| List ALL | on per household. Please use a pen (not a pencil). Household Members who are infants, children, and st aces are required for additional names, attach another sheet | | Determined Eligibility: |
|--|---|----------------------|--|
| of Household | Child's First Name | MI Child's Last Name | Horizon Footer No. |
| Anyone who is you and shares of expenses, related." Foster care in who meet the f Homeless, Runaway are free meals. Read plyl for Free and Price School more information. | | | Check box if child is a student at poistraict school. Check box if child is a student at poistraict school. Check box if child is a Foster orle to is Homeless, Marant or Runaway. |

Homeless/ Migrant/ Runaway Applications

Acceptable Documentation for Homeless/Migrant/Runaway

Migrant:

 LEAs should work directly with Migrant Education Program (MEP) officials or their homeless liaison to identify migrant children and to document their eligibility for free benefits. Acceptable documentation for MEP enrollment is a dated list with each child's name, and the signature of the MEP official or local educational liaison, or a letter from a MEP official or local educational liaison provided by a household, which confirms that a child currently meets the definition of migrant.

Runaway

 Acceptable documentation is obtained from the LEA homeless liaison or officials of shelters where the child resides. A letter with the child's name or a list of names of participating children, effective dates, and signature of the school district's homeless liaison, or other designated official confirms that a child meets the definition of a runaway.

Homeless

 Acceptable documentation is obtained from the LEA homeless liaison or officials of homeless shelters where the child resides. It consists of a letter with the child's name or a list of names of participating children, effective dates, and signature of the school district's homeless liaison or other designated officials.



Guidance on Other Source Categorically Eligible Programs is available in the USDA Eligibility Manual for School Meals pg. 40.

Comprehension Check

If you received an application with only a child's name, Migrant checked off and an adult signature, what should be your next step?

- A. Certify the application as free.
- B. Do not grant meal benefits yet. Contact the Migrant Liaison to confirm child is migrant.
- C. Certify the application as reduced.



Comprehension Check

If you received an application with only a child's name, Migrant checked off and an adult signature, what should be your next step?

- A. Certify the application as free.
- B. Do not grant meal benefits yet. Contact the Migrant Liaison to confirm child is migrant.
- Certify the application as reduced.

Applications that have been checked off migrant must be confirmed by the program's liaison. Until you have received confirmation, the child cannot be certified as free due to migrant status.



Processing Applications with Multiple Types of Eligibility

Processing Applications with Multiple Types of Eligibility

Processing Applications with Multiple Types of Eligibility

LEAs may receive applications where some children are eligible for free meal benefits based on the child's status of Foster, Homeless, Migrant, and/or Runaway. However, that eligibility does not extend to other children in the household. This type of eligibility is referred to as Other Source Categorical Eligibility. The LEA must have a method to process different eligibility statuses that may result from an application that contains a Foster, Homeless, Migrant and/or Runaway child along with other students.

- The LEA will determine the Other Source Categorical Eligibility for the appropriate children using the guidance provided in this guide.
- 2. The LEA will then determine the eligibility for the remaining children listed on the application by either case number or household's income and size (which includes the Other Source Categorically Eligible children).
- Other Source Categorically Eligible children will receive free benefits, even if the other children listed on the application are determined ineligible or eligible for reduced-price benefits.

Processing Denied Applications

Denied Applications

Denied Applications

- If a household provides an incomplete application or does not meet the eligibility criteria for free or reduced-priced benefits, the application must be denied. Households with children who are denied benefits must be provided with written notification of the denial.
- Determining officials must record the eligibility determination and notification in an easily referenced format that includes the:
 - Denial date,
 - Reason for denial,
 - Date the denial notice was sent, and
 - Signature or initials of the determining official (may be electronic, where applicable).
 - This can all be recorded on the office use only section of the household application.



Summary of Meal Benefits

| Application Type | Meal Benefits | |
|------------------------------|--------------------------------------|---|
| Income Application | Free, reduced or paid (over income). | Eligibility determined by income and household size is provided to all enrolled students. |
| Case Number | Free meal benefits | Free eligibility determined by case number is provided to all enrolled students. |
| Foster | Free meal benefits | Free eligibility determined by foster status is only provided to the child identified as Foster. |
| Homeless/Migrant/ Runaway | Free meal benefits | Free eligibility determined by Homeless/Migrant/Runaway is only provided to the child identified as Homeless/Migrant/Runaway. |

Applications that are incomplete are considered paid until required information is obtained from the household. Please refer back to slide 13 of this How-To-Guide for more information.

Technical Assistance

If you have any questions on student eligibility when certifying children with Household Applications, use:

The Eligibility Manual for School Meals found at:

http://www.azed.gov/health-nutrition/nslp/manuals/

For other ways to certify a student for meal benefits, review other How-To-Guides available online at:

http://www.azed.gov/health-nutrition/nslp/manuals/